

SENATE BILL 263  
By Ford J

AN ACT to amend Tennessee Code Annotated, Title 49, Title 63  
and Title 68, relative to sepsis.

WHEREAS, The General Assembly finds and declares that:

(1) Sepsis, with acute organ dysfunction, which is also known as severe sepsis, is the leading cause of death in the noncoronary intensive care unit with mortality rates ranging from twenty-eight percent (28%) to fifty percent (50%) or more;

(2) More than seven hundred fifty thousand (750,000) Americans develop severe sepsis each year, which equals more than two thousand (2,000) new cases per day in the United States;

(3) In sepsis, an individual's blood pressure drops precipitously, which results in shock, and major organ systems such as the kidneys, liver, lungs, and central nervous system, stop functioning normally;

(4) A change in mental status and hyperventilation may be the earliest signs of impending sepsis;

(5) The number of cases are expected to increase due to increased awareness and sensitivity for the diagnosis of the condition, the number of patients with

compromised immune systems, the use of invasive medical procedures, the number of resistant microorganisms, and the growth of the elderly population;

(6) The science of sepsis is better understood and the medical provider community now realizes that sepsis is more than simple inflammation in response to bacterial infection;

(7) There is currently one (1) United States Federal Drug Administration (FDA) approved treatment for severe sepsis. While this treatment improves outcomes in many cases, it is underutilized due to a lack of awareness among health care providers and the public, as well as cost because of the lack of reimbursement through private and public insurance programs for treatment of sepsis; and

(8) Severe sepsis is a common and frequently fatal and expensive disease if left untreated; now, therefore,

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 68, Chapter 1, is amended by adding the following as a new part 21:

68-1-2101.

(a) The commissioner of health shall establish and maintain a process for the reporting of information on sepsis.

(b) The information to be reported must include a record of the cases of sepsis that occur in this state along with such information concerning the cases as may be appropriate to form the basis for:

(1) The conducting of comprehensive epidemiologic surveys of sepsis and sepsis-related diseases in this state; and

(2) The evaluation of the appropriateness of measures for the prevention, management, and treatment of sepsis.

(c) Hospitals that provide screening, diagnostic, or therapeutic services to patients with respect to sepsis shall report information on cases of sepsis in their hospital.

(d) The information submitted by the hospital must include: the pathological or serological findings; the state of the disease; other contributing factors of the disease; the methods of treatment utilized; the previous incidence of sepsis in the patient, if applicable; whether the hospital has on staff a physician who specializes in critical care medicine; and the continuing medical education programs provided to the medical staff during the year focused on sepsis.

68-1-2102.

The commissioner of health shall by regulation:

(1) Prescribe the form, frequency, and manner in which the information on cases of sepsis are to be reported by hospitals as provided in this act; and

(2) Ensure that the confidentiality of the patient is protected through the appropriate protocols that can allow for research of sepsis.

68-1-2103.

(a) The chief administrative officer of each hospital in this state shall make available to the commissioner of health or the commissioner's representative the records of the hospital for every case of sepsis that is specified by the commissioner as subject to reporting under this act.

(b) The department of health shall compile the information that is required to be reported by the hospitals on a yearly basis, and shall report this information to the governor and to the members of the standing committees of the general assembly before June 1 of each year. The department's report shall include recommendations of any changes in public policy, medical education curricula, hospital staff training, or

continuing medical education programs that the department considers important to carry out the purpose of this act.

68-1-2104.

(a) The department of health shall publish reports based upon the information obtained pursuant to this act and shall make other appropriate uses of the material to advance research and education concerning sepsis and the improved treatment of the disease.

(b) The department shall provide data from the reported information to qualified researchers upon:

(1) The researcher's compliance with appropriate protocols as established under this act and the commission of health's regulations; and

(2) The payment of a fee to cover the cost of providing the data.

68-1-2105.

The department of health shall not reveal the identity of any patient who is the subject of information reported by hospitals under this act, unless the patient gives his or her prior written consent to such a disclosure.

68-1-2106.

No person or organization providing information to the department of health in accordance with this act may be held liable in a civil or criminal action for divulging confidential information unless the person or organization has done so in bad faith or with malicious purpose.

68-1-2107.

(a) Each public medical school in the state shall provide that at least one (1) course required for graduation that addresses critical care issues, including diagnosis and treatment of sepsis.

(b) Any entity that offers continuing medical education courses for physicians in the state shall offer at least one (1) course per year for physicians concerning critical care issues, including the diagnosis and treatment of sepsis.

SECTION 2. The activities required in section 1 shall occur if, and only if, advance funding sufficient to pay the total cost of such activities is received in the form of gifts, grants, and donations from individuals, private organizations, foundations, and/or governmental units other than the state of Tennessee. However, no such gift, grant, or donation may be accepted by the department for such purpose if the gift, grant, or donation is subject to any condition or restriction that is inconsistent with this part or any other law of this state. The department shall have the power to direct the disposition of any such gift, grant, or donation for the purposes of this act.

SECTION 3. The commissioner of health is authorized to promulgate rules and regulations to effectuate the purposes of this act. All such rules and regulations shall be promulgated in accordance with the provisions of Tennessee Code Annotated, Title 4, Chapter 5.

SECTION 4. The provisions of this act shall be repealed July 1, 2004, unless funding to conduct the study has been obtained pursuant to section 2 of this act.

SECTION 5. This act shall take effect July 1, 2003, the public welfare requiring it.